Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I- VED   |               | Example II   |                           |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  2 1935 | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago                |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   |                           |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                    |
|  |               |  |                           |

of OCCUPA-

## STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH   | (159)  |
|---|--|
| County Cecil  | Registration Dist. No. 92  |
| Village or City Elk Mells   | No. St., Ward  |
| (If   | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where deeth occurredyrs,mos   | ds. How long in U.S. If of foreign birth?yrsmosds.                                       |
| 2. FULL NAME Infant ash   |  |
| (a) Residence: No. (Usual place of abode)   | St., Ward.  If nonresident give city or town and State                                   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   | 21. DATE OF DEATH  S (Month) (Day) (Yeer)  |
| 5a. If merried, widowed, or divorced  |  |
| HUSBAND of (or) WIFE of   | 22. HEREBY CERTIFY, That I ettended decessed from  |
| 6. DATE OF BIRTH (month, dey, and yeer) Sefet 8 - 3 5   | 1 lest sew her alive on Alpha 8 , 1934; deeth is seld                                    |
| 7. AGE Years Months Oeys If LESS than   | to heve occurred on the dete steted above, et 12 = P1-m.                                 |
| 0 0 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:           |
| 9 Trade profession or particular  | Congenital debility -  |
| SAWYER, BOOKKEEPER, etc.  | Tremster deliver   |
| work was done, as SILK MILL,<br>SAW MILL, BANK, etc.  |  |
| kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et this occupation (month and yeer) occupetion |  |
| 12. BIRTHPLACE (city or town) Elk mills und   | Other Coatributary Causes of Importence:   |
| (State or country)  | -  |
| 13. NAME John Groge ash   |  |
| 14. BIRTHPIACE (city or town) Ind   | Name of operation Oete of  |
| (State or country)  | Whet test confirmed diegnosis? Wes there en eutopsy?                                     |
| 15. MAIOEN NAME Wary Etta Rhoads 16. BIRTHPLACE (city or town)  (State or country)  | 23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:           |
| 6 16. BIRTHPLACE (city or town)   | Accident, suicide, or homicide?  |
| (Stete or country)  | Where did injury occur?(Specify city or town, county and State)                          |
| 17. INFORMANT Who have ash (Address) sek mills and  | Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.                |
| 18. BURIAL, CREMATION, OR REMOVAL   | Manner of injury   |
| Place Missey Itell Combine Seht 9, 1933   | Neture of injury   |
| 19. UNDERTAKER Florence & Oficinally  | 24. Wes disease or injury in any wey releted to occupation of deceased?                  |
| (Address) Eller the   | If so, specify   |
| 20. FILED & efet 9, 19 + Francis Bagel  | (Signed) Teletiber Lates M. D.   |
| / Acgiocar.   |  |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | i i           | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows:   | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| Andrew Control of the |               |  |               |
| Other contributory causes of importance:   |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

N. B.-WRITE

| STATE OF MARYLAND-   | -CERTIFICATE OF DEATH 9793   |
|--|--|
| 1. PLACE OF DEATH .  | (75)   |
| County Class   | Registration Dist. No. 7   |
| Village or City Cubicle Fort Nex   | Carno. St., Ward   |
| Length of residence in city or town where death occurred 25 yrs.   | If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?vrsmosds. |
| TPNITOTA DI  | NIAMIN Vota Detoraus   |
| 2. FULL NAME EN THE STATE OF TH | TOATHIN THE RECEIVE  |
| (a) Residence: No. Up A (Usual place of abode)   | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR, RACE 5. SINGLE, MARRIED, WIDOWSD, OR DEVORCED (write the world)  | 21. DATE OF DEATH Select   |
| M Manuel   | (Month) (Dey) (Year)   |
| Sa. H married, widowed, or divorced HUSBAND of   | 22. I HEREBY CERTIFY. That I attended deceased from  |
| (or) WIFE of Colna L. Denjamun   | , 19, to, 19   |
| 6. DATE OF BIRTH (month, day, and year) Oct 17. 1901   | i lest saw h alive on, 19; death is said   |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, at Lo P.m.  |
| 29 10 3 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Mer hange auto  |  |
| kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as STLK MILL. Public Garage.  10. Date decessed last worked at this occupation (month add)   | acuse achousm 9/8/51   |
| work was done, as SILK MILK, Tuble Garage.   |  |
|  |  |
| year) occupation occupation  | Other Coutributory Causes of importance:   |
| 12. BIRTHPLACE (city or town) Marchallo  |  |
| (State or country)  (State or country)  (State or country)  (State or country)   |  |
| 13. NAME N.O. Denjagnum de   |  |
| 14. BIRTHPLACE (city or town) Lable (State or country)   | Name of operation Dete of Dete of  |
|  | What test confirmed diagnosis? Was there an autopsy  |
| E hit to   | 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?                                  |
| 2 16. BIRTHPLACE (city or town) (State or country)   | Where did injury occur?  |
| 17. INFORMANT A. Densami   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                               |
| (Address) fort We Tout, Mid. R.F. W.   |  |
| 18. BURIAL CREMATION, OR REMOVAL   | Manner of Injury   |
| Date 40 1903   | Nature of injury   |
| 19. UNDERTAKER/CO ( Latternou )  | 24. Was disease or injury in any way related to occupation of deceased?  |
| (Address) (serry villes, later)  | If so, specify   |
| 20. FILED 7/11/1935 6 Handers  | (Signed) (Signed) (Signed)   |
| Registrar.   | (Address) f Survey   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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|  | Example I                               |               | Example II   |               |
|--|---|---------------|--|---------------|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                       | RECEIVED                                | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial ne                | phritis                                 | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage                    | OCT 4 1935                              | July 5,1927   | Peritonitis  | 3 days ago    |
|  | BUREAU V. S.                            | 1             |  |               |
| Other contributory                     | causes of importance:                   |               | Other contributory causes of importance:                                       |               |
| Gallstones                             |   | May 1,1923    | Gastroenteritis  | 1 year .      |
|  |   |               |  |               |
|  |   | 1             |  | 1             |

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. RGIN RESERVED FOR BINDING

V. S. No. 1

| Length of residence in city or fown where death occurred byrs. mos.  2. FULL NAME  (a) Residence: No. / Sfr Hurbourt Mid (Usual place of abode)  | Registration Dist. Np.  Np. St., Wardenth occurred in a hospital or institution, give its NAME instead of street and number)  ds How long in U.S. if of foreign birth? yrs. mos. d  Surling Spectaran  Ward.  If nonresident give city or town and State |
|--|--|
| Village Dr City of Mark 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds How long in U.S. if of foreign birth? yrs. mos. d  Surling. Soctorar  Ward.   |
| Length of residence in city or fown where death occurred 38 yrs. mos.  2. FULL NAME TANKED  (a) Residence: No. Afther Board Mad (Usual place of ab6de)   | desth occurred in a hospital or institution, give its NAME instead of street and number)  ds How long in U.S. if of foreign birth?   |
| Length of residence in city or fown where death occurred byrs. mos.  2. FULL NAME TO THE TOWN OF THE STATE OF | ds How long in U.S. if of foreign birth? yrs. mos d  Brillian Soeteran  Poss Ward.   |
| 2. FULL NAME / Lugh Francis (a) Residence: No. Loft full Board Mod (Usual place of abode)  | Burlin , Socteran Ward.  |
| (a) Residence: No. / Aft Pul Bost Md () (Usual place of ab6de)   |  |
| (Usual place of ab6de)   |  |
| DEDCOMAL AND STATISTICAL DADTICAL AND  | It montendent give city of town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OB RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced  | 21. DATE OF DEATH (Month) (Day) (Year)   |
| HUSBAND OF CONTROL BURLEY BURLEY   | 22) I HEREBY CERTIFY That attended deceased from 1936, to Leave. 23 1938   |
| 6. DATE OF BIRTH (month, day, and year) fully 23, 1865   | lest saw hall alive on Sept 21 1985; death is sa   |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date stated ebove, et. 64m.  |
| 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:   |
| 8. Trade, profession, or particular kind of work done, as SPINNER Curfully   | Date of onse   |
| kind of work done, as SPINNER SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, or afficient (SAW MILL, BANK, etc)  10. Date deceased last worked at 7 3 0 11. Total time (years) this occupation (month and 19 3 0 11. Total time (years)   | Cerebral Haemorrhege 1/21/3  |
| 1D. Date deceased last worked at this occupation (month and 930 spant in this yeer)  | Amation; Tur Sayre Sports  |
| 1 1 1 00 Person 1850   | Dther Contributory Causes of importance:   |
| 12. BIRTHPLACE (city or town) (State or country)   | Fracture Neck of Fenuer: 7/1/2   |
| 14. BIRTHPLACE (city or town) West natturgham  | trasult of a fall, on bedroom floor Duration: 8 weeks.   |
| 14. BIRTHPLACE (city or town) Vest noungham  | Neme of operation Date of  |
| (State of country)   | What test confirmed diagnosis? Was there an au'opsy?   |
| 15. MAIDEN NAME MAN ME CULTURE   | 23. If death was due to external causes (VIOL ENCE) fill in also the following:  |
| 15. MAIDEN NAME Was MC CULTURY  16. BIRTHPLACE (city or town) O. J. M. P. C.   | Accident, suicide, or homicide? Date of injury, 19   |
| (State or-country)   | Where did injury occur? (Specify city or town, county and State)   |
| 17. INFORMANT flassey Surley (Address) Soffield Osity Will 7/2   | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury   |
| Place Date Left 19   | Nature of injury   |
| 19. UNDERTAKER LESS POSTELLES  | 24. Was disease or injury in any way related to occupation of deceased? 716  |
| 20. FILED 9/24 , 1935 & Banders Registrar.   | (Signed) . It Magray M. (Address) Derryville med, M.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | 20            | Example II   |                           |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage   OCT 4 1935   | July 5,1927   | Peritonitis  | 3 days ago                |
| BURBAU V. S  | - Company     |  |                           |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   |                           |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                    |
|  |               |  |                           |
|  |               |  |                           |

# STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH  | (23)   |
|--|--|
| County Cacil   | Registration Dist. No. 96  |
| Village or City Veterans' Administration Factories  (In the state of t | illtwo, Perry Point, Md. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds. |
| 2. FULL NAME CLINE, Charles C-2,348,8  | Spanish American War Veteran   |
| (a) Residence: No. Rt. #4, Morganton, No. C. (Usual place of abode)  | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  Married   | 21. DATE OF DEATH  September 24 , 193 5.  (Month) (Day) (Year)   |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Annie M. Cline   | 22. I HEREBY CERTIFY, That I attended deceased from June 12 ,1931, to September 24,19 35   |
| 6. DATE OF BIRTH (month, day, and year) October 5, 1877  | I last saw him alive on September 24 , 19 35 ; death is said   |
| 7. AGE Years Months Days If LESS than 1 day,   | to have occurred on the date stated above, at 9: 30 Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  |
| 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Farmer - also   | Tuberculosis, pulmonary, chronic,  |
| kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Farmer - also  9. Industry or business in which work was done, as SILK Mworked in tannery, furni SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this  | moderately advanced, active 10-10-30 ture  |
| year) Unknown occupation occupati | Other Contributory Causes of importance:  1. Nephritis, chronic, interstitial. 5-16-  2. Myocarditis, chronic 8-14-3   |
| 13. NAME Eli P.R. Cline  14. BIRTHPLACE (city or town) Unknown (State or country)  | 3. Psychosis, intoxication, alcoholic, " deterioration Name of operation   |
|  | What test confirmed diagnosis Clinical, lab. Was there an autopsy? No. 23. If death was due to external causes (VIOLENCE) fill in also the following:  |
| Ellen Settlemyre   | 23. If death was due to external causes (VIOLENCE) fill in also the following:   |
| 15. MAIDEN NAME Ellen Settlemyre 16. BIRTHPLACE (city or town) Unknown   | Accident, suicide, or homicide?No  |
| 17. INFORMANT Hospital Records (Address) Perry Point, Md.  | Where did injury occur?(Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  |
| 18. Burnat, enganton, er removal Place Morganton, N.C. Date Sept. 25 1935.   | Manner of injury ————————————————————————————————————  |
| 19. UNDERTAKER  (Address)  R. Madison Mitchell,  Havre de Grace, Md.   | 24. Was disease or injury in any way related to occupation of deceased? NO  If so, specify   |
| 20. FILED SIGN. 24, 1935 Charles III Mountain  | (Signed) C. F. DAVIS, M.D. Acting Manager.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I   |               | Example II   |               |
|---|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows:  | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis  | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis OCI. 4 1939  | 1921.         | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage   | July 5, 1927  | Peritonitis  | 3 days ago    |
| Secretary State on Antiquest Secretary on Antiquest Secretary on Antiquest Secretary (Secretary Secretary Secre | \             |  |               |
| Other contributory causes of importance:  |               | Other contributory causes of importance:                                       |               |
| Gallstones  | May 1,1923    | Gastroenteritis  | 1 year        |
|   |               |  |               |
|   |               |  |               |

STATE OF MARYLAND-CERTIFICATE OF DEATH 9796

| 1. PLACE OF DEATH  |  | (93°c)  |                     |
|--|--|---|---------------------|
| County Ceal  |  | Registration Dist. No.  | 4                   |
| Village or City h with   | East   | NoSt.   | , Ward              |
| Length of residence In city or town where death  |  | death occurred in a hospital or institution, give its NAME instead of street ds. How long in U.S. if of foreign birth?yrs |                     |
| 2. FULL NAME amanda  | 0. 1981  | Ha en   |                     |
| (a) Residence: No. north   | Earl Med   | St Ward.  |                     |
| (a) hesidence. No.   | (Usual place of abode)                                     | If nonresident give city or town  | and State           |
| PERSONAL AND STATISTICA  | L PARTICULARS  | MEDICAL CERTIFICATE OF DEAT   | Н                   |
|  | SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (gwrite tha word) | 21. DATE OF DEATH (Month) (Day)   | , 193_5<br>(Yaar)   |
| 5a.1f marriad, widowed, or divorcad<br>HUSBAND of  | 0 //   | 22. I HEREBY CERTIFY. That I atte   |                     |
| (or) WIFE of Henry A   | Je Haven   | 22 15 - 1931 to STA   | 19 2 /              |
| 6. DATE OF BIRTH (month, day, and year)  | 25- 1867   | I last saw h. alive on 85 19  | death Is said . کرچ |
| 7. AGE Years Months  | Days If LESS than  | to have occurred on the data stated above, et. 9. m.  |                     |
| 8317   | 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:  | Date of onset       |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  | ou service   | Celisano  | Date of onset       |
| SAWYER, BOOKKEEPER, etc.   | rusewy   |   |                     |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or businass in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked et | /  | mycrendilis   |                     |
| 10. Date deceesed last worked et this occupation (month and  | 11. Total time (years) spent in this                       |   |                     |
| year)  | occupation   | Other Coatributory Caases of importance:  |                     |
| 12. BIRTHPLACE (city or town)  | .,   |   |                     |
| (State or country)  (State or country)   | he to  |   |                     |
| Ξ  | Mountain   |   |                     |
| 4 14. BIRTHPLACE (city or town) (State or country)   |  | Name of operation Dete  |                     |
| IS. MAIDEN NAME  | 1.   | What test confirmed diagnosis?  |                     |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)   | mat-   | Accident, suicide, or homicide? Date of Injury  |                     |
| (State or country)   | No.  | Where did injury occur?   |                     |
| 17. INFORMANT Walliam A (Address) 303 Ease   | Vetagen Os   | (Specify city or town, county and<br>Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC                   | State) C PLACE.     |
| 18. BURIAL, CREMATION, OR REMOVAL PIECEB-LIBEL M. C. Cently, D.  | ite Sept 81,1935   | Mannar of Injury  |                     |
| 19. UNDERTAKER OSPH A Land   | to d   | 24. Was disease or injury In any wey ralated to occupation of deceesed  |                     |
| 20. FILED. 8 1/35,19 Jus le  | S. Cenew   | (Signed)  | M. D.               |
| / /  | Registrar.   | (Address)   | -Zecer              |

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
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| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis 1935  | 1021          | Run over by street car   | 1 week ago.   |
| Cerebral hemorrhage  | July5,1927    | Peritonitis  | 3 days ago    |
| BUREAU V. S  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

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| Example I  | anning        | Example II   |            |
|--|---------------|--|------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: |            |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago |
| Chronic interstitial nephritis . 4 1035  | 1921          | Run over by street car   | 1 week ago |
| Cerebral hemorrhage  | July 4,1927   | Peritonitis  | 3 days ago |
| RUREAU V.  |               |  |            |
| Other contributory causes of importance:   |               | Other contributory causes of importance:                                       |            |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year     |
|  |               |  |            |

# STATE OF MARYI AND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

| state<br>UPA                                    | 1. PLACE OF DEATH  |  |
|---|--|--|
| CCU CCU   | (000)  | Registration Dist. No. 92  |
| oul<br>oul                                      | County   |  |
| sh  | Village or City Culorde Classevel Ce   | NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)  |
| A ASS   | Langth of rasidenca in city or town whare death occurredyrsmos.                          | d. How long in U.S. if of foreign birth?yrsmosds.  |
| N. Every<br>YSICIANS<br>statement               | 2. FULL NAME JOHN E. FOX L.  |  |
| SIC<br>ate                                      | (a) Residence: No. Hershey RD#/  | St. Ward. Genna.   |
|   | (Usual place of abode)   | If nonresident give city or town and State   |
| RE<br>C. PH<br>Exact                            | PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| REEX  | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)        | 21. DATE OF DEATH Set  |
| ES  | W Single   | (Month) (Day) (Year)   |
| RMANEN<br>X A C T I<br>classified.              | 5a. If marriad, widowad, or divorcad HUSBAND of  | CONTRACTOR OF THE VIOLENCE OF  |
| IAN<br>A C<br>Ssii                              | (or) WIFE of   | 22. I HEREBY CERTIFY, That i attanded deceased from 19, 19, 19   |
|   | E DATE OF DIPTH (month day and year) Folar / 1913  |  |
| IS A PE<br>stated E<br>properly<br>certificate. | 6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months Days If LESS than            | to hava occurred on tha data statad abova, a.S. Pm.  |
| IS A I<br>stated<br>proper                      | 2 / 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance  |
| IS<br>sta<br>pro<br>pro                         | 01   | ware as follows:   |
| HIS<br>be<br>be<br>of                           | Z Irade, profassion, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc | The contract of the contract o |
|   |  | <del></del>  |
| vK—T<br>should<br>it may<br>n back              | (1)  |  |
|   | O 10. Date decaasad last worked at this occupation (month and spent in this              |  |
|   | year) occupation   | Othar Contributory Causes of importance:   |
| NFADING pplied. AGI erms, so tha instructions   | 12. BIRTHPLACE (city or town) Philydelphy  |  |
| AD sd. S, S                                     | (Stata or country)   |  |
| UNFA<br>supplied<br>n terms,<br>ee instr        | 13. NAME John & Sox  |  |
| 0 1 1 0   | 14. BIRTHPLACE (city or town)  | Name of oparation Date of  |
|   | 1 (State of Country)   | What test confirmed diagnosis?   |
| carefully (H in pla ortant.                     | # 15. MAIDEN NAME Junelte & Bryan  | 23. If death was dua to axternal causas (VIQL ENCE) fill in elso the foilowing:  |
| PLACKY, WI<br>tould be careful<br>OF DEATH in p | 5 16, BIRTHPLACE (city or town)  | Accident, suicida, or homicida Date of injury  |
| be carried                                      | (State or country)   | Whare did injury occur? Cule (Specify city or town, county and State)  |
| Id be car<br>DEATH<br>y import                  | 17. INFORMANT John & Son   | Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  |
| Should OF D                                     | (Address) / Hummelstong La   | carm of J. W. Scott.   |
| F-3 70  | 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury luplane fash  |
| ISH N   | Place Hummelsburg Data Sept 2, 19 3  | Nature of injury NOTE Olive from and all   |
| -WRITTE<br>mation s<br>CAUSE<br>TION is         | 19. UNDERTAKER It. W. Pikin & Sono Inc   | 24. Was diseasa or injury in any way related to occupation of dacaasad?  |
| 1 201   | (Address) / Elkton md.   | if so, specify   |
| -   | 20. FILED Salet 21 1935 Trans of race  | (Signad) Carrier Company   |
| Z   | Registrar  | (Addrass)  |

ARGIN RESERVED FOR BINDING

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|--|---------------|--|---------------|--|--|
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| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |  |
| BUREAU V. S.   |               |  |               |  |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |  |
|  |               |  |               |  |  |
|  |               |  |               |  |  |

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| Example I  | )             | Example II   |            |  |  |  |
|--|---------------|--|------------|--|--|--|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: |            |  |  |  |
| Chronic interstitial nephritis   | 1915          | Attack of epilepsy  Run over by street car                                     | 1 week ago |  |  |  |
| Cerebral hemorrhage BUREAU   | July 5,1927   |  | 3 days ago |  |  |  |
|  |               |  |            |  |  |  |
| Other contributory causes of importance:   |               | Other contributory causes of importance:                                       | -          |  |  |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year     |  |  |  |
|  |               |  |            |  |  |  |
|  |               |  |            |  |  |  |

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S. No.

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| Example I   | i             | Example II   | Ziiwiiipios.  |
|---|---------------|--|---------------|
| The principal cause of death and telated causes of importance were as follows | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1255   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis 7 2  | 1921          | Run over by street car   | 1 week ago    |
| Cercbral hemorrhage.  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                      |               | Other contributory causes of importance:                                       |               |
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|--|---------------|--|---------------|--|--|
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| Chronic interstitial nephritis OCT 2 1933                                      | 1921          | Run over by street car   | 1 week ago    |  |  |
| Cerebral hemorrhage BUREAU V. S.   | July 5,1927   | Peritonitis  | 3 days ago    |  |  |
|  |               |  |               |  |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |  |
|  |               |  |               |  |  |

# WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should Exact statement of stated EXACTLY. AGE should be

ARGIN RESERVED FOR BINDING

pecuPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. TION is very important. -WRITE PLANKY, N. B.

| 1          | . PLACE OF DEATH  |   | 92-0   | OI DEATH   |   |
|------------|---|---|--|--|---|
|            | County  | WITHIN CHRY   | ORATE LIMITS OF  | Registration Dist. No.                                   | 92                                      |
|            | Village or City Olfz  | Eton  | No   |  | St.,Ward                                |
|            | Length of residence in city or town where death   | 01  | f death occurred in a hospital or instance.  ds. How long in U.S.I |  |   |
| 2          | . FULL NAME Transcer  | waly  | Lessif-U.S. Veteran spec   | cify WAR   | 200 0 200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
|            | (a) Residence: No.  |   | St., Ward.   |  |   |
| 40000      |   | (Usual place of abode)                                    |  | If nonresident give city of                              |   |
| _          | PERSONAL AND STATISTICAL  |   |  | CERTIFICATE OF D   | EATH                                    |
| 3.         |   | SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word) | 21. DATE OF DEATH  | Sept (Month) (Day  | , 193 <b>5</b> (Year)                   |
| 5a.        | If married, widowed, or divorced<br>HUSBAND of  | 1 11  | 22. I HEREB  |  | I attended deceased from                |
|            | (or) WIFE of Jane Con   | then Hess   | sept 5   | 19 30 to Dope  | 1930-                                   |
| 6.         | DATE OF BIRTH (month, day, end year)  | reh 19 1856   | I lest saw h alive on  | sept 5   | , 19 3 5 ; death is sald                |
| 7.         | AGE Years Months  | Deys If LESS than   | to have occurred on the date sta                                   |  |   |
|            | 79 5  | 25   1 day,hrs.   | The PRINCIPAL CAUSE OF DE were as follows:                         | ATH and related causes of Impo                           | rtence Date of onset                    |
| NO         | trade, profession, or particular kind of work done, es SPINNER SAWYER, BODKKEEPER, etc. | to theme  | Coronary   | Thrombon   | 9-5-35                                  |
| OCCUPATION | 9. Industry or business in which work was done, as SILK MILL,                           | er word K. K. K. K. C. St. C. S.                          |  | **   |   |
| 50.5       | SAW MILL, BANK, etc   |   | -  | ***************************************                  |   |
| OCC        | 10. Date deceased last worked at this occupation (month end year)                       | 11. Total time (years) spant in this occupation           |  | ~~~  |   |
| _          | .0 4  | Z .   | Other Contributory Causes of In                                    | iportance:   | I - I - I - I - I - I - I - I - I - I - |
| 12.        | (State or country)  | 20 9  | Chronic En   | eleculation  |   |
| 04         |   | anyona  |  |  |   |
| FATHER     | 13. NAME  | coley,  |  |  |   |
| FAT        | 14. BIRTHPLACE (city or town)   | 131   | Neme of operation  |  | _ Date of                               |
|            | (State or country)  | marylon   | What test confirmed diagnosis?                                     | Wa   | s there an europsy?                     |
| HE         | 15. MAIDEN NAME Construction  | - marlen  | 23. If death was due to external o                                 | causes (VIOLENCE) fill in also t                         | he following:                           |
| MOTHER     | 16. BIRTHPLACE (city or town)   | lidelphia   | Accident, suicide, or homicide?                                    | Date of inj  | ury, 19                                 |
| Σ          | (State or country)  | enda.   | Where did Injury occur?  | 10 11  |   |
| 17.        | INFORMANT THE SERVICE (Address)   | mo pince  | Specify whether injury occurred                                    | (Specify city or town, could in INDUSTRY, in HOME, or in | PUBLIC PLACE.                           |
| 18.        | BURIAL, CREMATION, OR REMOVAL   | ,                   | Manner of injury   | ***************************************                  |   |
|            | Plece Journal Del Da  | ate 2649, 1235  | - Nature of injury   |  |   |
| 19.        | UNDERTAKER H. L. Pappini  | & Some One wy   | 24. Wes disease or injury in eny                                   | way related to occupation of de                          | ceased?                                 |
|            | (Address)   | ma Dance  | (Signed)   | bent Botto   | M. D.                                   |
| 20.        | FILED THE 1993 TO   | Registrar.  | (Address)  | ekton me   |   |
| 3          |   |   |  |  |   |

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

|               | Example II   |  |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset  |
| 1915          | Attack of epilepsy   | 1 week ago   |
| 1921          | Run over by street car   | 1 week ago   |
| July 5,1927   | Peritonilis  | 3 days ago   |
|               |  |  |
|               | Other contributory causes of importance:                                       |  |
| May 1,1923    | Gastroenteritis  | 1 year   |
|               |  |  |
|               | 1915<br>1921<br>July 5,1927  | of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:  May 1,1923 Gastroenteritis |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| Brample 7  | Example II    |  |                           |  |  |
|--|---------------|--|---------------------------|--|--|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |  |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago                |  |  |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago                |  |  |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   |                           |  |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                    |  |  |
|  |               |  |                           |  |  |

Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH   |
|---|--|
| 1. PLACE OF DEATH   | 0004   |
| County Coul.  | Registration Dist. No.   |
| Village or City Cheroberke Cull   | No. St., Ward  |
| Village of Oily   | death occurred in a hospital or institution, give its NAME instead of street and number)                           |
| Length of residence in city or town whera death occurred  | ds. How long in U.S. if of foreign birth?yrsmosds.   |
| 2. FULL NAME John W. Huds   | If U.S. Veteran specify WAR.   |
| (a) Residence: No. U Usual place of abode   | St., Ward.   |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS   | If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED.  | 21. DATE OF DEATH  |
| OR DIVORCED (write the word)  | Sept 3 1925  |
| 5a. If married, widowed, or divorced  | (Month) (Day) (Year)   |
| HUSBAND of (or) WIFE of   | 22. / I, HEREBY CERTIFY, That I attended deceased from   |
| mmy. Hudson   | Lept 1,1935 to Sept 3,1935   |
| 6. DATE OF BIRTH (month, day, and year) Dern 23, 1870   | I last saw h. Alm aliva on Augst 3, 1950; death is said  |
| 7. AGE Years Months Days If LESS than 1 dayhrs.   | to have occurred on the date stated abova, atm.  |
| 65 4 13 or min.   | The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows:                                     |
| 8 Trade, profession, or particular kind of work dona, as SPINNER,   | 1/   |
| SAWYER, BOOKKEEPER, etc.  | Ny perlenane cardes -  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  SAWYER, BOOKKEEPER, etc.  SAWHILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this.) | to be la derias lufe   |
| 10. Date deceased last worked at 11. Total time (years)   |  |
| this occupation (month and yaar) spent in this.   | Chronic myocordition Cevil R   |
| 12. BIRTHPLACE (city or town). Chesiterke Ch.   | Other Contributory Causes of Importance:   |
| (State or country)  | Maradel Jacher   |
| 13, NAME John (4) Huslen Is   |  |
| 13. NAME  14. BIRTHPLACE (city or town).  (State or country)  | Name of operation. A Disc. Date of   |
| (Stata or country)  | What test confirmed diagnosis? Chilical Was there an autopsy?  |
| 15. MAIDEN NAME Months alles  | 23. If death was due to external causes (VIOLENCE) fill in also the following:                                     |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  | Accident, suicide, or homicide?  |
| State or country)   | Whare did injury occur?  |
| 17. INFORMANT Mrs Comma G. Herdson  | (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Chesapachel City Mid  |  |
| 18. BURIAL, CREMATION, OR REMOVAL   | Manner of injury   |
| Place Clary Mill Clary Data 1935  | Nature of injury   |
| 19. UNDERTAKER H. L. Pikhin & Sous bre 24   | 24. Was diseasa or injury in any way related to occupation of decaased?  |
| (Address) Elattal, Pnd  | *If so, specify  |
| 20 FILED 8/5 1935 B. Haward Brown   | (Signed) Aug Caro M. D.  |
| Registrar.  | (Address) Albafacabelly Mdi  |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| Example I  |               | Example II   |               |  |  |
|--|---------------|--|---------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |  |
| Chronic interstitial nephritis CEIVEU  | 1921          | Run over by street car   | 1 week ago    |  |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |  |
| UUL 3 1800   |               |  |               |  |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |  |
|  |               |  |               |  |  |
|  |               |  |               |  |  |

| ADDITIONAL | SPACE | FOR | <b>FURTHER</b> | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|----------------|------------|----|-----------|
|------------|-------|-----|----------------|------------|----|-----------|

AGE should be

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1 N. B.

| STATE OF MARYLAND—CERTIFICATE OF DEA | STATE | OF | MARYL | AND- | -CERT | <b>IFICA</b> | TE | OF | DEA |
|--------------------------------------|-------|----|-------|------|-------|--------------|----|----|-----|
|--------------------------------------|-------|----|-------|------|-------|--------------|----|----|-----|

9.905

| 1. PLACE OF DEATH  |   |  | 23  |  |  |
|--|---|--|---|--|--|
| County Cec11   |   |  | Registration Dist. No. 96   |  |  |
| Village or City Veterans!  | Administra                                | ation Facil  | it No. Perroy Point, Md. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  24 ds. How long in U.S. if of foreign birth? yrs. mos. ds. |  |  |
|  |   |  |   |  |  |
| 2. FULL NAME McCOMAS (a) Residence: Np. 2901 St.   |   | , Balto.,  |   |  |  |
| PERSONAL AND STATIST   | W. C. |  | MEDICAL CERTIFICATE OF DEATH  |  |  |
| 3. SEX 4. COLOR OR RACE White  | S. SINGLE, MAR                            | RIED, WIDOWED, D (write the word) rried            | 21. DATE OF DEATH  September 13 , 193 5.  (Month) (Day) (Year)  |  |  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Ethel I  6. DATE OF BIRTH (month, day, and year) | AcComas                                   | 1897   | 22. I HEREBY CERTIFY, That I attended deceased from February 19 ,19 32, to September 13 ,165  Hast saw h im elive on September 13 ,19 35; deeth is said                                 |  |  |
| 7. AGE Years Months 37 9   | Deys<br>20                                | If LESS then I day,hrs. ormin.                     | to have occurred on the date stated above, at 3:17. P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  |  |  |
| NOT A Trade, profession, or particular kind of work done, as SPINNER, ANYER, BODKKEEPER, etc                       | orer and h                                | oank clerk.<br>ime (years)<br>ntin this<br>upation | Tuberculosis, Pulmonary, chronic advanced active 1932.  |  |  |
| 12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)  |   |  | Other Contributory Causes of importance: Laryngitis, chronic, tuberculous. Feb. 193 Dementia Praecox, Hebephrenic Type. 1930.   |  |  |
| 13. NAME Parker Me  14. BIRTHPLACE (city or town) Ma:  (State or country)  | ryland                                    |  | Neme of operation None Date of What test confirmed diagnosis? Clinical, lab was there an autopsy? Yes   |  |  |
| 15. MAIDEN NAME Elizabeth Monset  16. BIRTHPLACE (city or town) Unknown (State or country)                         |   |  | X-ray and au topsy.  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, sulcide, or homicide? No   |  |  |
| I7. INFORMANT Hospital Records.  (Address) Perry Point Md.   |   |  |   |  |  |
| 18. DURIAL PREMATION, OR REMOVAL Place Baltimore, Md. Date Sept, 14,19 35  |   |  | Menner of injury ——— Neture of injury ———   |  |  |
| 19. UNDERTAKER  S(Address) R. 1944 ison Mil  Revie de Grace  20. FICED D. 1. 4. 193 is                             | chell                                     | retrell  | 24. Was disease or injury in eny way related to occupation of deceased? No  |  |  |
| 25-1-1-1-1530  |   | Registrar  | (Address) Down Doing Director.  |  |  |

If more blanks are needed, address State Registrar, 241 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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|  | Example I                              | i i           | Example II   |               |  |
|--|--|---------------|--|---------------|--|
| The principal cause of importance were | of death and related causes s follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis                       | RECEIVED                               | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nep               | hritis                                 | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage                    | OCT 4 1935                             | July 5,1927   | Peritonitis .  | 3 days ago    |  |
|  | BUREAU V. S.                           |               |  |               |  |
| Other contributory c                   | auses of importance:                   | 1             | Other contributory causes of importance:                                       |               |  |
| Gallstones                             |  | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |  |               |  |               |  |
|  |  |               | •  |               |  |

FOR BINDING

ARGIN RESERVED

V. S. No. 1

| STATE OF | MARYLAND—CERTIFICATE | OF DEATH |
|----------|----------------------|----------|
|----------|----------------------|----------|

9896

| 1. PLACE OF  | DEATH                     |  | -                              | (97)   |                 |
|--|---------------------------|--|--------------------------------|--|-----------------|
| County   | Cecil,                    | d .                                    |                                | Registration Dist. No. 9   | 2               |
| Village or City  | Childs,                   | Maryland                               | (II                            | No. Cecil Co., Almo ) touse St., f death occurred in a hospital or institution, give its NAME instead of street and                      | Ward            |
| Length of resider  | nce In city or town where | deeth occurred                         | yrs,mos                        | ds. How long in U.S. if of foreign birth?yrs   | mosds           |
| 2. FULL NAM  | E George M                |  |                                | nono (1 +  | ur/             |
| (a) Residence  | : No. Chile               | ds, Md.<br>(Usual place                | of abode)                      | St., Ward. Lived in the St. If nonresident give city or town an  | 1900<br>IdState |
|  | L AND STATIST             | ICAL PART                              | ICULARS                        | MEDICAL CERTIFICATE OF DEATH   |                 |
| Male Male  | White                     | 5. SINGLE, MAR<br>OR DIVORCE<br>Single | RIED, WIDOWED,                 | 21. DATE OF DEATH September 5th (Month) (Dey)  | , 1935          |
| 5e. If merried, widowed,<br>HUSBAND of   | or divorced               | /                                      |                                |  | (Year)          |
| (or) WIFE of   | <i>\</i>                  |  |                                | 22. I HEREBY CERTIFY, That I ettended March 30, 1935, 19 to Sept. 5th, 1   | 193519          |
| 6. DATE OF BIRTH (mo   | onth, day, end yeer) Fo   | eb. 17th,                              | 1858                           | i lest sew h im alive on Sept. 4th, 1935   | ; death is sai  |
| 7. AGE Yeers 77  | Months 6                  | Deys<br>18                             | if LESS then I dey,hrs. ormin. | to heve occurred on the date steted ebove, at 2.00 Am. Mo The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were es follows: |                 |
| 8. Trede, profession   | L. Janes - OPTHINES       |  | 1                              | General Arteriosclerosis   | Date of onset   |
| SAWYER, BO   | OOKKEEPER, etc:           | Laborer 4                              | Tarmer                         | with Senile Dementia   | ?               |
| kind of work SAWYER, BG 9. Industry or bus work wes do SAW MILL, To. Dete deceesed this occupation | IIIM NIII sa and          |  |                                |  |                 |
| SAW MILL,  | BANK, etc                 | III Total t                            | ime (yeers)@//                 |  |                 |
|  | ion (month and            | 7 < g spe                              | nt in this                     |  |                 |
| 12. BIRTHPLACE (city o   | rtown) El                 | to neck                                |                                | Other Contributory Canses of importance:   |                 |
| (Stete or country  |                           | marye                                  | and                            |  |                 |
| 13. NAME GO  | orge Merry                | 1880                                   | Le le lin                      |  |                 |
| 14. BIRTHPLACE (ci   |                           | )                                      | Lolung                         | Neme of operation Dete of  |                 |
| (State or con  |                           | mound                                  | ation Tues                     | Whet test confirmed diagnosis? Wes there en  | autopsy?        |
| 15. MAIDEN NAME  | Millicent                 | Lort/                                  |                                | 23. If death wes due to externel ceuses (VIOLENCE) fill in also the followin   | ig:             |
| 15. MAIDEN NAME 16. BIRTHPLACE (ci   | ty or town)               | le nick                                | )                              | Accident, suicide, or homicide? Date of injury   | , 19            |
| ≥ (Stete or co   | untry)                    | mare                                   | oland                          | Where did injury occur?  |                 |
| 17. INFORMANT  | Irs Salia                 | Horrel Co                              | ab Vad                         | (Specify city or town, county and Sta<br>Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI                           | ite)<br>LACE.   |
| 18. BURIAL, CREMATION  |                           | Nuch Sep                               | t 6 ,1935                      | Menner of Injury   |                 |
| 19. UNDERTAKER   | oseph 9                   | haut                                   | ( +                            | 24. Was disease or injury in eny wey related to occupation of deceased?  |                 |
| (Address)  | 1 mily                    | hank!                                  | 2000                           | If so, specify A A Methods   |                 |
| 20. FILED.   | 5.,1970                   | July C                                 | Refistrar,                     | (Address) Fleson + Md.   | M. C            |
| 1/2  |                           |  | - Ageneral                     |  |                 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of enset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

| ADDITIONAL SPACE FOR F | FURTHER STATEMENTS | BY | PHYSICIAN |
|------------------------|--------------------|----|-----------|
|------------------------|--------------------|----|-----------|

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH 9897   |  |  |  |
|---|---|--|--|--|
| 1. PLACE OF DEATH   | (1/9)   |  |  |  |
| County Ceul   | A Registration Dist. No. 92   |  |  |  |
| Village or City Elector   | No. thum Anfrilas. Ward   |  |  |  |
| (If   | death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? |  |  |  |
| Length of residence In city or town where death occurredyrsmos  | ds. How long in U.S. if of foreign birth?   |  |  |  |
| 2. FULL NAME EVALUATE CLIFFIC   | 3/1000C   |  |  |  |
| (a) Residence: No. (Usual place of abode)   | - St., Ward.  If nonresident give city or town and State  |  |  |  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |  |  |  |
| 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the frord)   | 21. DATE OF DEATH 9 5 193 6   |  |  |  |
| 5a. If married, widowed, or divorced  | (Month) (Day) (Year)  |  |  |  |
| HUSBAND of<br>(or) WIFE of  | 22. HEREBY CERTIFY Thet I attended deceased from  |  |  |  |
| 6. DATE OF BIRTH (month, day, and year) July 19, 1935   | I last saw h elive on 9 5, 1935; death is said  |  |  |  |
| 7. AGE Years Months Days If LESS than   | to heve occurred on the date stated above, et 8-16m.  |  |  |  |
| / 16 1 day,hrs. ormin.  | The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  |  |  |  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.   | maranus.  |  |  |  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Dato deceased lest worked et this occupation (month end | Primary Couse: Gastro-enteritis a Ravego  |  |  |  |
| Dato deceased lest worked et this occupation (month end yeer) spent in this occupation  |   |  |  |  |
| 12. BIRTHPLACE (city or town) Elkloss Just  | Dither Coutributory Causes of importance:   |  |  |  |
| (State or country)  |   |  |  |  |
| 13. NAME blefton Sartin  14. BIRTHPLACE (city or town) - Chesapeake City  |   |  |  |  |
| 4 14. BIRTHPLACE (city of town) Bhusapeans City (State or country)  | Name of operation   |  |  |  |
|   | What test confirmed diagnosis? Was there an au'opsy? Was there an au'opsy?  |  |  |  |
| 16. BIRTHPLACE (city or town) Elkloss Mary  | 23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?                    |  |  |  |
| (State or country)  | Where did injury occur?(Specify city or town, county and State)   |  |  |  |
| 17. INFORMANT Tellen Elizabeth Mooke (Address) Ellaton md R. D.   | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   |  |  |  |
| 18. BURIAL, CREMATION, OR REMOVAL   | Manner of injury  |  |  |  |
| Plece Edition Cerulary Date Sefet 1., 1931  | Neture of injury  |  |  |  |
| 19. UNDERTAKER Di M. Pipin & Sons, Inc. (Addiess) Elklon maryland,  | 24. Was disease or injury in any way related to occupation of deceased?   |  |  |  |
| 20. FILED Dept 7 , 1935 & Journ Bagus Registrar.  | (Signed) (Stheres) (Address) (Sun Guille )  |  |  |  |
| If more blambs are needed, address State Period as  | N. Charles Small Publisher Program 71 S. N.   |  |  |  |

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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| Example I   |               | Example II   |               |  |
|---|---------------|--|---------------|--|
| The principal cause of death and related cause of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of enset |  |
| Arteriosclerosis  | 5 1915        | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis  | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage   | July 5,1927   | Peritonitis  | 3 days ago    |  |
|   |               |  |               |  |
| Other contributory causes of importance:                                      |               | Other contributory causes of importance:                                       |               |  |
| Gallstones  | May 1,1923    | Gastroenteritis  | 1 year        |  |
|   |               |  |               |  |
|   |               |  |               |  |

|   | CERTIFICATE OF DEATH 9808   |  |  |  |
|---|---|--|--|--|
| 1. PLACE OF DEATH   | (82-0)  |  |  |  |
| County Beal   | Registration Dist. No. 43   |  |  |  |
| Village or City Outsile Port Deposit  | ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)        |  |  |  |
|   | sds. How long in U.S. if of foreign birth?yrsmosds.   |  |  |  |
| 2. FULL NAME Sarah 4. morris  |   |  |  |  |
| (a) Residence: No.  | St., Ward.  |  |  |  |
| (Usual place of abode)  | If nonresident give city or town and State  |  |  |  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |  |  |  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word) Widowed   | 21. DATE OF DEATH  (Month) (Day) (Year)   |  |  |  |
| 5a. If married, widowed, or divorced HUSBAND of   |   |  |  |  |
| (or) WIFE of Thomas morris  | 22. I HEREBY CERTIFY. That I attended deceased from 1935, to Alpho 1934   |  |  |  |
| 6. DATE OF BIRTH (month, day, and year) Oet, 18. 1857   | I last saw harman alive on Rudding, 1930; death is said   |  |  |  |
| 7. AGE Years Months Days If LESS than 1 dayhrs.   | to have occurred on the date stated above, at 480 P.m.  |  |  |  |
| min.  | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:                                  |  |  |  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Houseufe SAWYER, BDDKKEEPER, etc.  | control Hamorkogy 1/1 36  |  |  |  |
| S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and this progration (month an |   |  |  |  |
| 1D. Date deceased last worked at this occupation (month and year) spent in this occupation occupation occupation.   |   |  |  |  |
| 12. BIRTHPLACE (city or town) (State or country)  12. BIRTHPLACE (city or town)  (State or country)   | Dther Contributors Causes of importance:  |  |  |  |
| 13. NAME Samuel Williams  |   |  |  |  |
| 13. NAME Samuel Williams  14. BIRTHPLACE (city or town)  (State or country)  (State or country)   | Name of operation Date of   |  |  |  |
|   | What test confirmed diagnosis? Was there an autopsy?  |  |  |  |
| 15. MAIDEN NAME Sorah Hill 16. BIRTHPLACE (city or town) (State or country) Week 20. md   | 23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? |  |  |  |
| 17. INFORMANT & Sinwood morris (Address) Port Deposit md. R. Fr. A  |   |  |  |  |
| 18. BURIAL, CREMATION OR REMOVAL Place Sept 11 , 19 35  | Manner of injury  |  |  |  |
| 19. UNDERTAKER & C. Jyson.<br>(Address Ausing Sun-Md.   | 24. Was disease or injury in any way related to occupation of deceased?   |  |  |  |
| 20. FILED Jo 9- 1935 Thursday Registrar   | (Signed)  |  |  |  |

If the blands ore needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

PHYSICIANS should state Exact statement of OCCUPA. RD. Every item of infor-UNFADING INK-THIS IS A PERMANENT R stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. WINT (LY, B.—WRITE PL

V. S. No. 1 ż

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH   |
|--|--|
| 1. PLACE OF DEATH  | <u> </u>   |
| County County  | Registration Dist. No. / 6   |
| Village or City For Dyo  | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where deeth occurredyrsmos.  |  |
| 2. FULL NAME Still Born  | Mulligary Twin#2   |
| (a) Residence: No.   | St., Ward.   |
| (Usual place of abode)   | If nonresident give city nr town and State  MEDICAL CERTIFICATE OF DEATH                 |
| PERSONAL AND STATISTICAL PARTICULARS  3. SAX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,   | 21. DATE OF DEATH  |
| Male Col - OR DIVORCED (write the word)  | Month) (Dey) (Year)  |
| 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of   | 22. I HEREBY CERTIFY That I ettended deceesed from                                       |
| 6. DATE OF BIRTH (month, dey, end yeer)  | I last saw h. 1 m shebad - JEST 3; 1935; deeth is seld                                   |
| 7. AGE Years   Months Deys   If ESS then   | to have occurred on the dete steted ebove, etm.  |
| de Dondey min.   | The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were es follows:           |
| 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.   | Still Grand  |
| 9. Industry or business in which work wes done, es SILK MILL,  |  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc | fremative,   |
| O this occupetion (month and spent in this occupetion occupetion   | 7/100  |
| 12. BIRTHPLACE (city or town) SOV KEPOUT   | Other Contributory Cannes of importance:   |
| (State or country)   |  |
| 14. BIRTHPLACE (city or town) Port 5 & from 1  |  |
| 4. BIRTHPLACE (city or town) (Stele or country)  | Neme of operation Date of Whet test confirmed diegnosis? Wes there en eulopsy?           |
| 15. MAIDEN NAME Mary V. Mulligan   | 23. If death wes due to externel causes (VIOLENCE) filf in also the following:           |
| 15. MAIDEN NAME Mary Mulligan  16. BIRTHPLACE (city or town) Baltimary   | Accident, suicide, or homicide? Date of injury, 19                                       |
| (Stete or country) manyland  | Where did injury occur? (Specify city nr town, county and State)                         |
| 17. INFORMANT May (Address)  | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.                |
| 18. BURIAL, CREMATION, OR, REMOVAL 9, 3  | Menner of injury   |
| Plece Dete 19  | Nature of injury   |
| 19. UNDERTAKER of attes  | 24. Was disease or injury in any way related to occupation of deceesed?                  |
| 20. FILED 9/3 , 1935 & Baudes. Registrar.  | (Signed) M.D. (Address) And A. S. (Address)  |
| Registrar.   | N C(   C   P   C   P   C   C   C   C   C   C   |

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: AVING of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ano Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

V. S. No. 1 N. B. of OCCUPA-

| STATE OF MARTLAND   | CERTIFICATE OF DEATH 9810  |
|---|--|
| 1. PLACE OF DEATH   | 107-0  |
| County Cicil Sman Has   | Registration Dist. No. 7   |
| Village or City Claston, Ind  | NoSt., Ward  |
|   | f death occurred in a horpital or institution, give its NAME instead of street and number) |
| Mayon Doll of of of   | sds. How long in U.S. if of foreign birth?yrsmosds   |
| 2 FULL NAME ( West Stellast Skelps  | If U.S. Veteran specify WAR.   |
| (a) Residence: No. 906 7 16 th St Paula Par<br>(Usual place of abode)       | St., Ward.  If nonresident give city or town and State                                     |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE & SINGLE, MARRIED, WIDOWED,                         | 21. DATE OF DEATH  |
| OR DIVORCED (write the word)  | Sept. 193 0  |
| 5a. If married, widowed, or divorced  | (Month) (Day) (Year)   |
| HUSBAND of (or) WIFE of A   | 22.   HEREBY CERTIFY That I ettended deceased from   |
| myrue merps   | Sept 4, 10 53, to Sept 17, 19  |
| 6. DATE OF BIRTH (month, day, and year) Nov. 5 1906                         | I last saw N alive on  |
| 7. AGE Yaars Months Days If LESS than                                       | to have occurred on the date stated above, at  |
| 2-9 10 14 1day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:             |
| Trade profession or particular  | Date of onset  |
| kind of work done, as SPINNER,<br>SAWYER, BOOKKEEPER, atc                   | Hents Jahren Obser-  |
| 9. Industry or business in which work was done, as SILK MILL, Bailer Inaker | be al - 3 not due to tuberculosis legg   |
|   | Duration: Six days.  |
| -   Chilo occupation (month and   |  |
| year) occupation  | Other Contributory Causes of importanca:   |
| 12. BIRTHPLACE (city or town) Williams Louis                                | Imaghotoneumoure 45.13   |
| (State or country) West va.   |  |
| 13. NAME Com Phelbs   | V  |
| 13. NAME  14. BIRTHPLACE (city or town)  (State or country)                 | Name of operation  |
| (State or country)  | What test confirmed diagnosis? Columnities Was there an autopsy? A.                        |
| 15. MAIDEN NAME 2   | 23. If death was due to external causes (VIOLENCE) fill In also the following:             |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)          | Accident, suicide, or homicide?  |
| 16. BIRTHPLACE (city or town) (State or country)                            | Where did injury occur?  |
| an H. DIt.  | (Specify city or town, county and State)   |
| (Address) 90% 20 16 to St. James  | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                  |
| (Address) 406 M 16 th St Phila 18. BURIAL, CREMATION, OR REMOVAL            |  |
| Place tupensville Opio Date Sept 22-1935                                    | Manner of injury   |
| 111 10 1 6 0  | Nature of injury   |
| 19. UNDERTAKER No Pupping Sous one Perlutt                                  | 24. Was diseasa or injury in any way related to occupation of deceased?                    |
| (Address) Clather and   | If so, specify   |
| 20, FILED befor 19, 19 75 & france frager                                   | (Signed) A Land Market M. C.   |
| Registrar.  | (Address) Eggl Library   |
| If more blanks are needed, address State Registrar,                         | , 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.                               |

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |                           |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage  | July5,1927    | Peritonitis  | 3 days ago                |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   |                           |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                    |
|  |               |  |                           |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I  |               | Example II   | 1 week ago<br>1 week ago |
|--|---------------|--|--------------------------|
| The principal cause of death and related causes of importance were as follows:   | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset            |
| Arteriosclerosis Chronic intensitial leads it in CT 2 1985   | 1915          | Attack of epilepsy   | 1 week ago               |
| Chronic interstitial nephritis CT 2 1933   | 1921          | Run over by street car   | 1 week ago               |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago               |
| The second secon |               |  |                          |
| Other contributory causes of importance:   |               | Other contributory causes of importance:                                       |                          |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                   |
|  |               |  |                          |
|  | <u> </u>      |  |                          |

| 1. PLACE OF DEATH   | (119)  |
|---|--|
| County Cere   | Registration Dist. No. / 2   |
| Village or City Cellel  | Q No. Ummit forfule St. Ward   |
|   | (If death occurred in a hospital or institution, give its NAME instead of street and number)                       |
| Length of rasidance in city or town where death occurredyrs   | rsds. How long in U.S. if of foreign birth?yrsmosds.   |
| 2. FULL NAME Cluvelle J.  | mfen   |
| (a) Residence: No.  | L St., Ward.   |
| (Usual place of about   |  |
| PERSONAL AND STATISTICAL PARTICUL   |  |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write)   | WIDOWED, ite the world)  1 (Month) (Day) (Year)  |
| 5a. If married, widowed, or divorced  |  |
| HUSBAND of (or) WIFE of   | 22. I HEREBY CERTIFY. That I attended deceased from  |
| 6. DATE OF BIRTH (month, day, end year) Feb 2019  | 13 1 last saw h alive on Deft 201, 1933; death is said   |
| 7. AGE Years Months Days  | If LESS than to have occurred on the date stated above, a 1/20.A.m.  |
|   | hay,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:                            |
| 8. Trade, profassion, or particular   | Oate of onset  |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.   | Icisles rulereles  |
| 9. Industry or business in which work was done, as SILK MILL,   | \  |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this occuration (month end spent in the | (2)(8)   |
| 10. Date deceased last worked at this occupation (month end year) ccupation (ccupation)   | his .  |
| 008.0   | Other Coutributory Causes of Importance:   |
| 12. BIRTHPLACE (city or town) (State or country)  | myelsen  |
|   |  |
| F 8/1/6 +- 1  | Mul Mul  |
| 14. BIRTHPLACE (city or town) (State or country)  | Name of operation  |
|   | What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?   |
| I Glat  | 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?    |
| O 16. BIRTHPLACE (city or town) (State or country)  | Where did injury occur?  |
| A LILL C  | (Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 17. INFORMANT (Address) 1290 (Address)  | Specify whethat injuly occurred in INDUSTRIT, in NOME, of INFODERO FLACE.  |
| 18. BURIAL, CREMATION, OR REMOVAL   | Manner of Injury   |
| Placelleton Col. Cerritorie Sept 2  | 19.35. Nature of Injury  |
| 111.10.01 . x 5 1 x   |  |
| 19. UNOERTAKER A La Page 4  | 24. Was disease or injury in any way related to occupation of deceased?  |
| 1) Artel 20 25 2 2 Tre  | (Signad) (Signad) M. D.  |
| 20. FILED 2 300 , 19 30 Jaun John   | Registrar. (Address) W Gust, Well  |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I  |               | Example II   |                           |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago                |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   |                           |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                    |
|  |               |  | <u></u>                   |

| ADDITIONAL S | SPACE I | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|---------|-----|---------|------------|----|-----------|
|--------------|---------|-----|---------|------------|----|-----------|

V. S. No. 1 B. of OCCUPA-

| STATE OF MARYLAND-   | CERTIFICATE OF DEATH 9813  |
|--|--|
| 1. PLACE OF DEATH  | 13010  |
| County Cecil   | Registration Dist. No. 98  |
| Village or City Easleville   | NoSt.,Ward   |
|  | death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?yrsmosds, |
| 2. FULL NAME I Saac S. Jaylor  |  |
| (a) Residence: No.   | St.,Ward.  |
| (Usual place of abode)   | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE OR DIVORGED (write the word)   | 21. DATE OF DEATH  (Month)  (Day)  (Year)  |
| 5a. if married, widowed, or divorced<br>HUSBAND of   |  |
| (or) WIFE of   | 22. I HEREBY CERTIFY That 1 attended decesed from  |
| C DITT OF PURTY ( 100 H) ( 100 H)  | I last saw h a alive on 1111 1111 1111 1111 1111 1111 1111   |
| 6. DATE OF BIRTH (month, day, and year) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  | to have occurred on the date steted above, et  |
| 3 / 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH end related causes of Importance  |
| Trade, profession, or particular   | were as follows:   |
| kind of work done, es SPINNER, harmer  | Character State of Mellet  |
| 9. Industry or business in which   | and the second   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as Sitk MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and specific property). | The audie Walter It last   |
| 10. Date deceased last worked at this occupation (month and year) spent in this occupation   |  |
| 12. BIRTHPLACE (city or town) Socil Co. Mid.  (State or country)   | Other Contributory Causes of Importence:   |
|  |  |
|  |  |
| 14. BIRT (PLACE (city or town) Casel 45. What. (State or country)  | Name of operation Dete of  |
|  | Whet test confirmed diagnosis? Was there an autopsy?   |
| 15. MAIDEN NAME Millicant Algughten  16. BIRTHPLACE (city or town) Ocil Ca, Man,   | 23. If death was due to external causes (VIOLENCE) fill In also the following:   |
| O 16. BIRTHPLACE (city or town)  | Accident, suicide, or homicide? Date of injury, 19   |
| (State or country)   | Where did injury occur? (Specify city or town, county and State)   |
| 17. INFORMANT VELLE VI Carple  | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  |
| (Address) Earlevelle M   |  |
| Piace Excellen Cometay Ash 2 49 20   | Manner of injury   |
| 1  | Nature of injury   |
| 19. UNDERTAKER Thur f. Coffoge   | 24. Wes disease or injury In eny way related to occupation of deceesed?  |
| (Address) Casillon (Mhg)   | If so, specify   |
| 20. FILED 901 23, 1935 Dowar   | (Signed) . M. D.   |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I  | 1             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| 1 4.5  |               |  |               |
| Other contributory causes of importance;                                       | 1000          | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
| N. A.  |               |  |               |
|  |               |  |               |

V. S. No. 1

state

| STATE OF MARTLAND  | CERTIFICATE OF DEATH 9814   |
|--|---|
| 1. PLACE OF DEATH  |   |
| County Ceces   | Registration Dist. No.  |
| Village or City Outside North Cust   | . No. St., Ward death, occurred in a hospital or institution, give its NAME instead of street and number)         |
| 1  | How long in U.S. if of foreign birth?yrsmosds.  |
| 2. FULL NAME HARRY VOYCE   | Battala :   |
| (a) Residence: No. 9 Jet as Fir /  | asscrelle Ward.   |
| (Usual place of abode)   | If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE OR. D. VORCED (write, the word)  | 21. DATE OF DEATH Sept. 10, 193   |
| 5a. If married, widowed, of divorced   | (Month) (Day) (Year)  |
| HUSBAND of Mary & Voyce  | 22. I HEREBY CERTIFY, That I ettended deceased from 19, 19, 19, 19  |
| E DATE OF BIRTH (month day and year) Sept 1895   |   |
| 6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than   | to have occurred on the date stated above, at 3.3 o.A.m.  |
| about 40   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset                     |
| 8. Trade, profession, or particular kind of work done, as SPINNER, & hauffer   | Complete 3rd Lane   |
| I Industry or business In which  | But a later Abrola 9/10/85  |
| 9. Industry or business in which work was done, as SILK MILL, or an Chaus. Co.   |   |
| kind of work done, as SPINNER, of aceffer SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL. own an Chaus.  10. Date deceased last worked at Syr (2) this occupation (month and 1436 spant in this year)  11. Total time (years) 20 spant in this occupation. |   |
| A 1 1.   | Other Contributory Causes of importance:  |
| 12. BIRTHPLACE (city or town) (State or country)   |   |
| 13. NAME Charles Voyce   |   |
| 13. NAME Charles Voyce  14. BIRTHPLACE (city or town) - alto Thrd  | Name of operation   |
| (State or country)   | What test confirmed diagnosis? Was there an autopsy? Do   |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)   | 23. If death was due to external causes (VIO) ENCE) fill in also the following:                                   |
| 16, BIRTHPLACE (city or town)  | Accident, suicide, or homicide 200 Date of injury 9/10, 193   |
| State or country)  | Where did injury occur? State teghuay # 70  |
| 17. INFORMANT William Cook   | (Specify My or Jown, county and State) Specify whether introvy occurred in INDUSTRY, in Home, or in PUBLIC PLACE. |
| (Address) 12/1 Se Paul Sh Bolle 44   | Subue Highliay 1 1  |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury College Will Market Much   |
| Place Date 1900  | Nature of Injury Complete 3 dougles burns   |
| 19. UNDERTAKER STORAGE P Frank   | 24. Was disease or Injury in any was related to occupation of deceased?   |
| (Address) A with East he   | If so, specify Just Just  |
| 20. FILED 9/XX/35 jo Tes LV. Quecus  | (Signed) Stanley Daylor   |
| Registrar.   | (Address) ellettum [] Il sororen  |

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows:   | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epitepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over Westreet car  | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Pertionitis Pertionities Pertio | 3 days ago    |
|  | 1             | (a) 80 (b)   |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:   |               |
| Gallstones   | May 1,1923    | Gasiroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

| ADDITIONAL SPACE | FOR | FURTHER | STATEMENTS | BY | PHY | SICIAN |  |
|------------------|-----|---------|------------|----|-----|--------|--|
|                  |     |         |            |    |     | - 1.   |  |

| approximat | 6 BRE | OI | <u> deceas</u> | ea. | added | Trom | note | Tiled | 9/13/35 | under |
|------------|-------|----|----------------|-----|-------|------|------|-------|---------|-------|
|            | Geo.  | W. | Owens          | T   | BL.F  |      |      |       |         |       |
|            |       |    |                |     |       |      |      |       |         |       |
|            |       |    |                |     |       |      |      |       |         |       |
|            |       |    |                |     |       | 1    |      |       |         |       |
|            |       |    |                |     |       |      |      |       |         |       |

V. S. No. 1

| STATE C   | F MARYLAND—  | CERTIFICATE OF DEATH 9,815  |
|---|--|---|
| 1. PLACE OF DEATH County  | ,  ————  | Registration Dist. No. 96   |
| Village or City (1181   | w  | NoSt.,Wa  |
| Length of residence in city or fown where d   | /h   | death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How,long in U.S. if of foreign birth?mos          |
| 2. FULL NAME Flare  | ne 3.1   | Vatson, not a veteran.  |
| (a) Residence: No.  | (Usual place of abode)   | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATIST  | CAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR MACE   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)                    | 21. DATE OF DEATH Sept. 27th 1935 (Year) (Year)   |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  | watson   | 22. I HEREBY CERTIFY. That attended deceased from   |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months   | Days   1868  | I last saw here alive on Sept. 26 the 1935; death is so   |
| 66 9  | Days  If LESS than  1 day,hrs.  ormin.                                       | to have occurred on the date stated above, at   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc             | ouse work  www.Howe  11. Total time (years) spent in this occupation  Casum. | Cheonis My reardition Durotion: / 159.  Other Contributory Causes of importance:  |
| 12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  14. BIRTHPLACE (city or town) | In Co.   |   |
| (State or country)  | ma.  | Name of operation Date of Was there an autopsy?   |
| 15. MAIDEN NAME SOLUTION  16. BIRTHPLACE (city or town)  (State or country)                           | ann Hughes<br>um Harford a   | 23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?                                 |
| 17. INFORMANT John Rug<br>(Address)   | sell Foliage.  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.                              |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE J WAR SON DELLA   | V. Date Solet 30, 1935   | Manner of injury  |
| 19. UNDERTAKE I GALLANDER (Address) Tenfirly 20. FILED 9 3 0 , 19 3 5 7                               | Hersory<br>Saudere<br>Registrar.   | 24. Was disease or injury in any way related to occupation of deceased? 20  If so, specify 7 Magneto, M  (Signed) 1. M  (Address) Jerufulle Md, |
| If more   |  | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |  |  |
|--|---------------|--|---------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |  |
| Cerebral hemorrhage OCI 4 1955   | July 5,1927   | Peritonitis  | 3 days ago    |  |  |
| BUREAU V. S.   |               |  |               |  |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |  |
|  |               |  |               |  |  |
|  |               |  |               |  |  |

| ADDITIONAL SPACE FOI | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------------|---------|------------|----|-----------|
|----------------------|---------|------------|----|-----------|

1

-WRITE

V. S. No. 1 N. B.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

| 0   | 0    | 4   | 0  |
|-----|------|-----|----|
| 13  | JAC. | - 6 | 2. |
| 0.7 | 9    | ě.  | 0  |

| 1. PLACE OF DEATH  |                    |  | (31)   | 9010               |
|--|--------------------|--|--|--------------------|
| County Cecil   |                    |  | Registration Dist. No. 96  |                    |
| Village or City Veterans   | Administ           | ration Fac                                   | ciliNoy, Perry Point, Md. St., f death occurred in a horpital or institution, give its NAME instead of street and                            | Ward               |
| Length of residence in city or town where  |                    | = vrs 6 mas                                  | f death occurred in a hospital or institution, give its NAME instead of street and specific death. How long in U.S. if of foreign birth?nrsn | number)            |
|  |                    |  | 7 962 World War Veteran.   |                    |
|  |                    |  |  |                    |
| (a) Residence: No. 124 West  | (Usual place       | of abode)                                    | If nonresident give city or town an  | d State            |
| PERSONAL AND STATIST   | ICAL PARTI         | CULARS                                       | MEDICAL CERTIFICATE OF DEATH   |                    |
| 3. SEX 4. COLOR OR RACE white  | OR DIVORCE         | RIED, WIDOWED,<br>O (write the word)<br>TIED | 21. DATE OF DEATH  September 21  (Month) (Day)   | ., 193.5<br>(Yeer) |
| 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Mrs. Louise                   | Wickard            |  | 22. I HEREBY CERTIFY, That I attended<br>February 22 19 35 to September  | deceesed from      |
| 6. DATE OF BIRTH (month, day, and year)  | Dec. 25,           | 1896.  | Hast saw h im elive on September 21 ,1935  |                    |
| 7. AGE Years Months  | Days               | If LESS than                                 | to have occurred on the date stated above, at 7:50 Am.   |                    |
| 39 8   | 26                 | 1 day,hrs.                                   | The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:   | Oate of onset      |
| 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc | Painter            |  | Myocarditis, chronic, pronounced   | 3-14-35            |
| kind of work done, es SPINNER, SAWYER, BOOKKEFPER, etc                                     |                    |  |  |                    |
| 10. Oate deceesed last worked at this occupation (month and year)                          | 11. Total t        | ime (yeers)<br>nt in this<br>upation         |  |                    |
| 12. BIRTHPLACE (city or town) Kings (State or country)                                     | ton, Pa.           |  | Other Coutributory Causes of importance: 1.Nephritis, chronic interstial   | 3-14-35            |
| 🖺 13. NAME Unknown   |                    |  |  |                    |
| 13. NAME Unknown  14. BIRTHPLACE (city or town) Unknown (State or country)                 | wn                 |  | Name of operation. None Clinical and laboratory was there are  | autopsy?NO         |
| 置 15. MAIOEN NAME Unkno  | wn                 |  | 23. If death was due to external causes (VIOLENCE) fill in also the followi  |                    |
| 15. MAIOEN NAME Unknot 16. BIRTHPLACE (city or town) Unknot (Stete or country)             | OWn                |  | Accident, suicide, or homicide? Oate of injury Where did injury occur?   |                    |
| 17. INFORMANT Hospital Re(Address)   | ecords<br>Point Md |  | (Specify city or town, county and St<br>Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC F                                 | ale)<br>LACE.      |
| 18. BURIAL, OREMATION, OR REMOVAL  | OTHO, INC.         |  | Manner of injury   |                    |
| Place Loudon Park Cene   | teme. Se           | pt. 2319 35                                  | Nature of Injury   |                    |
| 19. UNDERTAKER Hadison Mi  | tchell,            | hell   | 24. Was disease or injury in any wey related to occupation of deceased?  | No                 |
| 20. FILED Sept. 21, 1935   | Clerles d          | O. Moures                                    | (Signed) C. F. DAVIS Clinical Direction (Address) Perry Point, Md.   |                    |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I                           |  | Example II  |  |  |
|-------------------------------------|--|---|--|--|
| f death and related causes follows: | Date of onset                                      | The principal cause of death and related causes of importance were as follows:                          | Date of onset  |  |
| RECEINED                            | 1915   | Attack of epilepsy  | 1 week ago   |  |
| ritis                               | 1921   | Run over by street car  | 1 week ago   |  |
| OCT 4 1935                          | July 5, 1927                                       | Peritonitis   | 3 days ago   |  |
| BUREAU V. S.                        |  |   |  |  |
| uses of importance:                 |  | Other contributory causes of importance:  |  |  |
|                                     | May 1,1923   | Gastroenteritis   | 1 year   |  |
|                                     |  |   |  |  |
|                                     | f death and related causes follows:  R F C F V F F | f death and related causes follows:  1915 1921 1921 1935 July 5, 1927 BUREAU V. S.  uses of importance: | The principal cause of death and related causes of importance were as follows:    1915 |  |